



## Client Information

*Thank you for choosing us. Please take a moment to fill out this form.*

Today's Date: \_\_\_\_\_

Name of primary client (name of child if appropriate): \_\_\_\_\_

Date of birth of primary client: \_\_\_\_\_ Age of primary client: \_\_\_\_\_

School of primary client (if child): \_\_\_\_\_ Grade: \_\_\_\_\_

Contact information for client or if client is a minor, for parent(s) or guardian(s):

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

How did you find out about our services? \_\_\_\_\_

May we contact the referral source (if applicable) to indicate that you have initiated treatment?

Yes  No  Please initial: \_\_\_\_\_

If you are here to address a family concern, please list the names and ages of other family members who may attend therapy and their relationship to the person listed above:

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Website: [www.crarycounseling.com](http://www.crarycounseling.com)

Email: [info@crarycounseling.com](mailto:info@crarycounseling.com)

Phone: 512-843-1534